## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 6, 2004                                                      |                                                |                                                                    |                    |                               |                       |                  |          | 1 40/ 578185        |                        |                            |                     |                        |
|---------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|--------------------|-------------------------------|-----------------------|------------------|----------|---------------------|------------------------|----------------------------|---------------------|------------------------|
|                                                                                 |                                                | CLAIMS A                                                           | AS FILED -         |                               | (Column 2)            |                  |          | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S                                                                             | . NATIONAL :                                   | STAGE FEES                                                         |                    |                               |                       |                  | 7 [      | RATE                | FEE                    |                            | RATE                | FEE                    |
| BAS                                                                             | IC FEE                                         |                                                                    |                    |                               |                       |                  |          | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXA                                                                             | MINATION FE                                    | E                                                                  |                    |                               | ·                     |                  | 1 [      | EXAM. FEE           |                        |                            | EXAM. FEE           | 200                    |
| SEA                                                                             | RCH FEE                                        |                                                                    |                    |                               |                       |                  | 1        | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE                                                                             | FOR EXTRA S                                    | SPEC. PGS.                                                         | min                | us 100 =                      | / 50 =                |                  |          | X \$ 125 =          |                        |                            | X \$ 250 =          |                        |
| тот                                                                             | AL CHARGEAI                                    | BLE CLAIMS                                                         | j i mir            | nus 20 =                      | *                     |                  |          | X \$ 25 =           |                        | OŔ                         | X \$ 50 =           |                        |
| INDE                                                                            | PENDENT CL                                     | AIMS                                                               | , minus 3 =        |                               | *                     |                  | 1 [      | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MUL                                                                             | TIPLE DEPEN                                    | DENT CLAIM PR                                                      | SENT               |                               |                       |                  |          | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0                     |                                                |                                                                    |                    |                               |                       | lumn 2           |          | TOTAL               |                        | OR                         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |                                                |                                                                    |                    |                               |                       |                  |          | SMALL E             | ИТІТҮ                  | OR                         | OTHER I             |                        |
| AMENDMENT A                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |                    | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                 | Total                                          | *                                                                  | Minus              | **                            |                       | =                |          | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|                                                                                 | Independent                                    | *                                                                  | Minus              | ***                           |                       | =                |          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                    |                    |                               |                       |                  |          | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|                                                                                 |                                                |                                                                    |                    |                               |                       | ,                |          | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.<br>FFF |                        |
|                                                                                 |                                                | (Column 1)                                                         |                    | (Colu                         | mn 2)                 | (Column 3)       |          |                     |                        |                            | •                   |                        |
| AMENDMENT B                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |                    | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                 | Total                                          | *                                                                  | Minus              | **                            |                       | =                |          | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|                                                                                 | Independent                                    | *                                                                  | Minus              | ***                           |                       | =                |          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|                                                                                 | FIRST PRES                                     | SENTATION OF M                                                     | IULTIPLE DEPI      | ENDENT                        | CLAIM                 |                  |          | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|                                                                                 |                                                |                                                                    |                    |                               |                       |                  | -        | TOTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.<br>FFF |                        |
| *                                                                               |                                                | umn 1 is less than th                                              |                    |                               |                       |                  |          |                     |                        |                            |                     |                        |
| ***                                                                             | If the "Highest N                              | umber Previously Pa<br>umber Previously Pa<br>mber Previously Paid | id For" IN THIS SE | PACE is les                   | s than '3'            | , enter "3".     | d in the | appropriate box     | in column              | 0                          |                     |                        |